

How to Request an Employee Background Check

In order for an employer to access the Disabled Person Protection's (DPPC) database regarding the background of either prospective employees or current employees, it is necessary for that employee to sign a release authorizing DPPC to release to the employer the information the DPPC may have regarding that individual. To effectuate this process, DPPC has created a **Release of Information Form**.

Please note that the form is two pages and all the information is important in assisting DPPC to conduct a valid search. For this reason, it is preferred that all information, but for signatures, be printed clearly and legibly.

By signing this document, the prospective employee (or current employee) will be granting permission to DPPC to release to you, the employer, any information we have in our records regarding the employee's history as a reported alleged abuser of persons with disabilities. This is highly confidential information and is being provided to the employer only because the employee has indicated his/ her assent in the enclosed document.

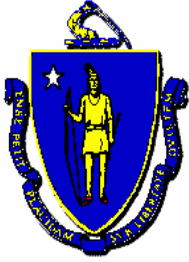
This is a voluntary program. The employer is not required to utilize this service; and if the employer decides to participate, the employee has the right to refuse to sign the release.

The DPPC attempts to respond to such requests as soon as possible after receipt of the request. The DPPC will disclose all cases in which a person was alleged to have been an alleged abuser, the nature of the allegation and the conclusion of any investigation - whether the abuse was substantiated or not.

When making a request we ask that you include a stamped self-addressed envelope with your request. While DPPC does not charge for performing the background check, the postage cost for providing this service to the provider community statewide is significant and your help in deferring this cost is greatly appreciated.

The DPPC provides this as a service to the provider community and makes no recommendation as to what use is made by the employer of this information. It is suggested that the employer discuss with their legal counsel how best the employer can make use of this information in making its employment decisions.

If you have any further questions or require any additional information, please do not hesitate to contact DPPC's General Counsel.



The Commonwealth of Massachusetts Disabled Persons Protection Commission

Release of Information Form

I, _____,*
(First) (Middle) (Last)
(Print Full Name of Prospective/Current Employee)

of _____*
(Print Residence Address)

Date of Birth _____ Social Security # _____

hereby knowingly and willingly authorize the Disabled Persons Protection Commission, 50 Ross Way, Quincy, Massachusetts, to release the following information and/or record(s) regarding me which is in the possession of said Commission to

(Print name of person to receive the records)

(Print address of party to receive the records)

(Telephone number of party to receive the records)

Any and all records regarding my involvement as an alleged abuser in a case reported to the Commission pursuant to M.G.L. c. 19C.

- I understand that my record contains information about my identity and personal and confidential information.
- I understand that such records and/or information will be used in evaluating my application for employment by:

(Print name of prospective employer)

Signature of Prospective/Current Employee

Date of Signature

***PLEASE PROVIDE THE FOLLOWING INFORMATION:**

1. All home addresses for the last 10 years, if different from that given above:

(Print ALL information)

Dates	Previous Home Addresses

2. Name and Address for each previous employer for the last 10 years.

(Print ALL information)

Dates	Previous Employer, Name & Address

3. Other names (i.e. maiden name, alias or from a previous marriage) you have used in securing employment: (Print ALL information)

This form should be forwarded with a stamped self-addressed envelope to:

General Counsel, DPPC, 50 Ross Way, Quincy, Massachusetts 02169